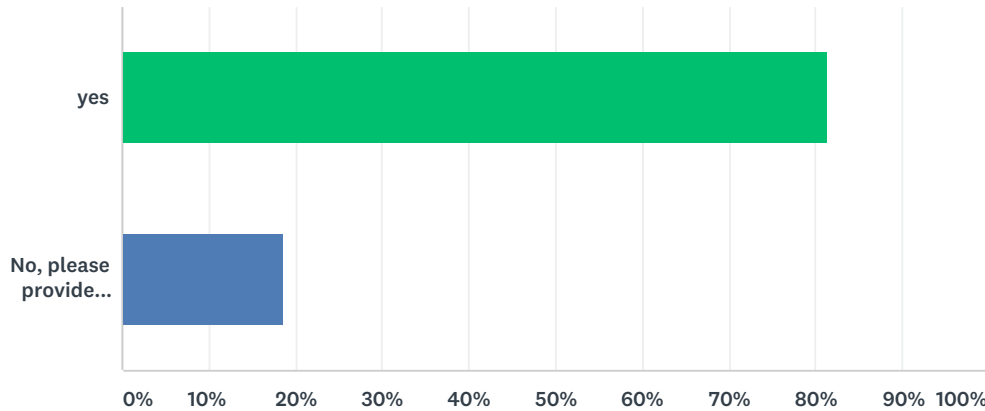


# Q1 Do you agree with these final ranges for assigning phenotype based on activity score?

Answered: 27 Skipped: 0



| ANSWER CHOICES                                 | RESPONSES |           |
|--|-----------|-----------|
| yes  | 81.48%    | 22        |
| No, please provide rational and/or references. | 18.52%    | 5         |
| <b>TOTAL</b>                                   |           | <b>27</b> |

| # | NO, PLEASE PROVIDE RATIONAL AND/OR REFERENCES.   | DATE               |
|---|--|--------------------|
| 1 | CYP2D6*10/*10 should be classified into the category of PM   | 2/21/2019 11:16 PM |
| 2 | On hindsight, the 0.25 function has become a real problem. How could we justify a 0.25 being intermediate metabolizer? Is a 2.5 an ultrarapid metabolizer? DPWG makes the most sense. Could we endorse DPWG.   | 2/19/2019 11:55 AM |
| 3 | 1-i am in favour to a continuous scale 2-i would add more bins between "normal" and "poor". this is b/c at the moment we do value all reduced function variants in the same way, however, a finer granulation between slight reduction (≈20%) and serious reduction (≈90%) will certainly come up in the future  | 2/19/2019 10:34 AM |
| 4 | I am still struggling with the definition of ULTRArapid metaboliser as the level below is normal metabolizer. An activity score based on CPIC of say 2 places it into Normal but a score of 2.1 becomes ULTRArapid, not rapid. That is why I would prefer Rapid over Ultrarapid. Why call them Poor metabolizer when based on activity score they are a Nonmetabolizer | 2/13/2019 7:50 PM  |
| 5 | We still need a rapid (I know that this was supposedly decided but I think it is a wrong decision and that we will be back to fix it in the near future).  | 2/12/2019 8:39 AM  |